## CONTRACT #6 RFS # 318.66-050

# Department of F&A/Bureau of TennCare

VENDOR: Tennessee Behavioral Health



## STATE OF TENNESSEE BUREAU OF TENNCARE 729 CHURCH STREET NASHVILLE, TENNESSEE 37247-6501

**February 1, 2005** 

Mr. Jim White, Director Fiscal Review Committee G-19 War Memorial Building Nashville, TN 37243

**Attention: Leni Chick** 

RE: Bureau of TennCare Contracts Submitted for Fiscal Review

Dear Mr. White:

The Department of Finance and Administration, Bureau of TennCare, is submitting for review by the Fiscal Review Committee the behavioral health contract amendments listed below. Each of these contractors provide behavioral health services to enrollees in the TennCare Partners Program. These amendments transfer methadone benefits to the BHOs throughout the term of the contracts and changes the references to Early Periodic Screening, Diagnosis and Treatment (EPSDT) to TENNderCare. Additionally, these amendments modify appeals language to meet the Balanced Budget Act regulations included in CMS Checklist for Managed Care Contract Approval as well as broaden the Title VI language regarding Non-Compliance discrimination. The maximum liability and capitation rates have been adjusted as necessary due to changes in enrollment.

Behavioral Health Organization	Current Funding	Amended <u>Funding</u>
Tennessee Behavioral Health, Inc. FA-05-16089-01 Tennessee East Grand Region	\$260,132,262.00	\$254,586,310.00
Tennessee Behavioral Health, Inc. FA-01-14661-10	\$753,538,570.00	\$759,084,522.00
Premier Behavioral Health Systems Of Tennessee, LLC FA-01-14662-11	\$1,119,939,714.00	\$1,125,485,666.00

Mr. Jim White, Director Fiscal Review Committee Page 2

The amendment of these contracts is necessary to continue with the Behavioral Health services provided by the TennCare Program. We would greatly appreciate the approval of these amendments by the Fiscal Review Committee.

Sincerely,

Keith Gaither

**Deputy Chief Financial Officer** 

### REQUEST: NON-COMPETITIVE AMENDMENT

**APPROVED** 

•	-		Co	ommissioner of Finance & Administration			
•			Da	ate:			
Each of the re A REQUEST ( CLEARLY AD	equest Item CAN NOT B DRESS EA	s below indicates specific informed E CONSIDERED IF INFORMATION CHOF THE REQUIREMENTS IN	mation that <u>m</u> ON PROVIDEI DIVIDUALLY	uust be individually detailed or addressed <u>as required:</u> D IS INCOMPLETE, NON-RESPONSIVE, OR DOES NOT AS REQUIRED:			
RFS#	318.66-0	50					
STATE AGENCY	NAME:	Department of Finance and Administration Bureau of TennCare					
SERVICE CAPTION	on:	Behavioral Health Organizati TennCare/Medicaid Populati	ons Providin on in the Eas	g Medically Necessary Behavioral Services to the st Grand Region			
CONTRACT # FA-05-16089-00				PROPOSED AMENDMENT # 1			
CONTRACTOR:		Tennessee Behavioral Healt	h, Inc.				
CONTRACT STA	RT DATE		07/01/2004				
CURRENT, LATE (including ALL op	ST POSS	IBLE END DATE : tend)	12/31/2005				
CURRENT MAXI	MUM LIAI	BILITY:	\$260,132,2	62.00			
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TOTAL MAXIMU (including ALL, or	M COST	WITH PROPOSED AMENDMI dend)	ENT:	\$254,586,310.00			
APPROVAL CRI (selectione)	TERIA:	use of Non-Competit	tive Negotia	tion is in the best interest of the state			
		only one uniquely qu	ualified serv	ice provider able to provide the service			
ADDITIONAL RI	EQUIRED	REQUEST DETAILS BELOW	/ (address e	ach item immediately following the requirement text)			
(1) description	of the pro	pposed additional service an	d amendme	nt effects:			
Treatment (EPS	DT) to TEN	NNderCare. Additionally, this S. Chooklist for Managed Care	Contract An	ges the references to Early Periodic Screening, Diagnosis and modifies appeals language to meet the Balanced Budget Act proval as well as broaden the Title VI language regarding Nonses have been adjusted as necessary.			

(2) explanation of need for the proposed amendment:	
This amendment is needed in order to order to be compliant with CMS regulations and to transfer methadone benefit coverage to the BHC	ons regarding regarding non-compliance and Balanced ).
(3) name and address of the proposed contractor's principal owner(s): (not required if proposed contractor is a state education institution)	
Dr. Russ Petrella, Chief Operating Officer Magellan Behavioral Health 199 Pomeroy Road, 3rd Floor Parsippany, New Jersey 07054	
(4) documentation of OIR endorsement of the Non-Competitive procurem (required only if the subject service involves information technology)	ent request :
select one: Documentation Not Applicable to this Request	Documentation Attached to this Request
(5) documentation of Department of Personnel endorsement of the Non-6 (required only if the subject service involves training for state employees)	Competitive procurement request :
select one: Documentation Not Applicable to this Request	Documentation Attached to this Request
(6) description of procuring agency efforts to identify reasonable, compensor non-competitive negotiation:	titive, procurement alternatives rather than to use
This contractor has been providing Behavioral Health Services for the State sensure that services to recipients will continue without interruption.	ince 1996. This amendment to the exisiting contract will
(7) justification of why the F&A Commissioner should approve a Non-Co	
The approval of this amendment by F&A will ensure the best interests of Ten- providers that Tennessee Behavioral Health, Inc. currently has, TennCare is of prevent any disruption of services to enrollees, as well as bring the contract in	DIMPORT MICHORIDATIONS OF THE ABOVE THE
AGENCY HEAD REQUEST SIGNATURE:  (must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)	goet/
SIGNATURE DATE:	

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#### **AMENDMENT NUMBER 1**

#### PROVIDER RISK CONTRACT

#### BETWEEN

## THE STATE OF TENNESSEE DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES

#### AND

## TENNESSEE BEHAVIORAL HEALTH, INC. IN THE EAST TENNESSEE GRAND REGION

For and in consideration of the mutual promises herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree to clarify and/or amend the Provider Risk Agreement by and between the State of Tennessee Department of Mental Health and Developmental Disabilities, hereinafter referred to as **TDMHDD**, and Tennessee Behavioral Health, Inc. hereinafter referred to as the **Contractor**, as follows:

Titles and numbering of paragraphs used herein are for the purpose of facilitating use of reference only and shall not be construed to infer a contractual construction of language.

- 1. Section 1.2, Notice, shall be amended by deleting "Executive Director" following "Ann Boughtin" and replacing it with "General Manager".
- 2. Section 2.5.1, Table 1: Covered Behavioral Health Benefits shall be modified by deleting footnote number two and renumbering the remaining footnote accordingly.
- 3. The title to Section 2.5.4 shall be changed from "Early Periodic Screening, Diagnosis & Treatment" to "TENNderCare".
- 4. Section 2.5.4.1 shall be modified by adding the following after the first sentence, "The federal Early Periodic Screening, Diagnosis & Treatment (EPSDT) program shall be referred to as TENNderCare and all **Enrollee** and provider materials shall contain the term and logo for TENNderCare as of January 1, 2005."
- 5. With the exception of Section 2.5.4.1, all references to "Early Periodic Screening, Diagnosis & Treatment" and "EPSDT" in the CONTRACT shall be changed to "TENNderCare".
- 6. Beginning with the title to Section 3.2.2 and throughout the contract, statements regarding "cost sharing" or "cost share" responsibilities for **Enrollees** that do not already have the "TennCare" qualifier shall be clarified by adding TennCare before the word "cost".

- 7. Section 3.2.2.3.2 shall be amended by deleting the "; or" at the end of section and replacing it with a period.
- 8. Section 3.3.2.2 shall be amended by changing the last sentence to read, "The failure of the **Contractor** to act upon a request for prior approval within fourteen (14) calendar days, or twenty-one (21) calendar days if an extension is granted, shall result in automatic authorization of the requested, covered medically necessary service unless the service is contraindicated."
- 9. Section 3.4.2.1.1 shall be modified by adding the following two sentences to the beginning of the section, "The Contractor shall update or develop their member handbooks annually unless a longer period of time is approved by TDMHDD. As described by TDMHDD, the annual requirement to update and/or develop member handbooks may be delayed as the result of major modifications and/or reform efforts being implemented in the TennCare program."
- 10. Section 3.4.2.1.17 shall be amended by deleting the "and" at the end of the section, Section 3.4.2.1.18 shall be amended by deleting the period at the end and replacing it with "; and", and a new Section 3.4.2.1.19 shall be added that reads, "Notice to the Enrollee of the right to file a complaint as is provided for by Title VI or the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1975, the Age Discrimination Act of 1975, the Omnibus Budget Reconciliation Act of 1981 (P.E. 97-35) and a complaint form on which to do so."
- 11. Section 3.4.2.2 shall be amended by adding the following sentences to the end of the section, "Identification cards must be submitted to **TDMHDD** for prior approval, in accordance with Section 3.4.4. Prior to modifying an approved identification card, the **Contractor** shall submit for approval by **TDMHDD** a detailed description of the proposed modification."
- 12. Section 3.4.2.4.3 shall be amended by renumbering it 3.4.2.4.5. The new 3.4.2.4.3 shall read, "A notice to **Enrollees** of the right to file a complaint, as is provided for by Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Act of 1975, the Age Discrimination Act of 1975, the Omnibus Budget Reconciliation Act of 1981 (P.E. 97-35), and a Contractor phone number for doing so. The notice in the newsletter shall be in English and in Spanish; and"
- 13. A new Section 3.4.2.4.4 shall be added that reads, "TENNderCare information, including but not limited to, encouragement to obtain screening and other preventive care services; and".

#### 14. Section 3.5.1.2.10 shall be amended to read as follows:

A staff person who is responsible for non-discrimination compliance in accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1975, the Age Discrimination Act of 1975, and the Omnibus Budget Reconciliation Act of 1981 (P.E. 97-35). Non-discrimination compliance need not be the sole function of the designated staff member. The **Contractor** shall identify the designated non-discrimination compliance staff member to **TDMHDD** by name. At such time this function is redirected, the name of the staff member who assumed the duties shall be reported in writing to **TDMHDD** within five (5) business days of the change;

- 15. Section 3.6.6.1 shall be modified by deleting "quarterly" as it appears twice the section and replacing it with "monthly".
- 16. A new Section 3.7.2.51 shall be added that reads, "Require the provider to comply and submit to the **Contractor** disclosure of information in accordance with the requirements specified in 42 CFR, Part 455, Subpart B."
- 17. Section 3.9.1.3 shall be amended by adding a sentence to the end of the section that reads, "The **Contractor** is subject to annual, external independent reviews of the quality outcomes, timeliness of, and access to, the services covered under this CONTRACT."
- 18. Section 3.10.2, Provider Enrollment Reporting, shall be amended by deleting "quarterly" and replacing it with "monthly" as it appears in the third sentence.
- 19. Section 3.14, Title VI Information, shall be re-titled "Non-Discrimination Compliance" and the section's paragraph shall be amended to read, "The **Contractor** shall provide instruction on non-discrimination compliance for its staff including, but not limited to, the designated staff person for civil rights, and all direct service subcontractors regarding the procedure. The **Contractor** shall further submit the following to **TDMHDD**:".
- 20. Section 3.14.4 shall be amended to read, "On a quarterly basis, a listing of all complaints/appeals filed by employees, (when the complaint is related to **TennCare** benefits provided by the **Contractor**) **Enrollees**, providers, and subcontractors in which discrimination is alleged in the **Contractor's TDMHDD** Plan. Such listing shall include, at a minimum, the identity of the complainant, the circumstances of the complaint/appeal, date complaint/appeal filed, the complainant's relationship to the **Contractor**, **Contractor's** resolution, if resolved, and name of **Contractor** staff person responsible for adjudication of complaint/appeal."
- 21. Section 3.14.7 shall be amended to read, "On an annual basis, the **Contractor's**Title VI Compliance Plan and Assurance of Non-discrimination."
- 22. Section 4.4.9 shall be amended by changing the reference to "Section 4.4.4" to "Section 4.4.3".

- 23. The second sentence in Section 4.7.1, Maximum Liability and Allocation of Funds to this Contract, shall be amended to read, "The maximum liability of the State under this CONTRACT shall be one hundred sixty-seven million, eight hundred seventy-five thousand, five hundred fifty-six (167,875,556.00) dollars for the contract period of July 1, 2004 through June 30, 2005; this amount is derived by multiplying estimated enfrollment levels by rate cell by the contracted per capita cost by cell."
- 24. Section 4.7.2, Payment Methodology, shall be amended by changing the third sentence in the first paragraph to read, "The rates in Table 1 shall be applicable from July 1, 2004 through June 30, 2005." The fourth sentence and Table 2 shall be deleted in its entirety and Table 1 shall be amended to read as follows:

Table 1: Rates

PAYMENT RATE CATEGORY	PER MEMBER/ PER MONTH RATE
Priority Population age 0-12	\$319.35
Priority Population age 13-17	\$437.07
Priority Population age 18 and above	\$228.15
Non-Priority Population age 0-12	\$4.72
Non-Priority Population age 13- 17	\$22.55
Non-Priority Population age 18 and above	\$6.09

- 25. Section 4.7.2.4 shall be amended by deleting the second "prior to" as it appears twice in the second sentence.
- 26. Section 5.1.6.3 shall be amended by adding a sentence to the end of the section that reads, "Termination for convenience by the **Contractor** shall not limit **TDMHDD's** ability to exercise exigency in accordance with Section 6.19 of this CONTRACT."
- 27. Contract citations within the body of the contract affected by contents of this amendment shall be modified accordingly.

All of the provisions of the original Agreement not specifically deleted or modified herein shall remain in full force and effect. Unless a provision contained in this Amendment specifically indicates a different effective date, for purposes of the provisions contained herein, this Amendment shall become effective, or as of the date it is approved by the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services.

IN WITNESS WHEREOF, the parties have by there duly authorized representatives set their signature.

	•
Te Bund	1/11/05
Russell C. Petrella, PhD.	DATE
Vice-President	•
Tennessee Behavioral Health, Inc.	
TENNESSEE DEPARTMENT OF MENTAL	
HEALTH AND DEVELOPMENTAL DISABILITIES	
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Virginia/Trotter Betts, MSN, JD, RN, FAAN	DATE
Commissioner	
TENNESSEE DEPARTMENT OF	$\mathcal{L}_{\mathcal{A}} = \{ \mathbf{v} \in \mathcal{A} \mid \mathbf{v} \in \mathcal{A} \mid \mathbf{v} \in \mathcal{A} \}$
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M.D. GOGTZ, Ja.	1/27/05
M.D. Goetz, Jr.	DATE
Commissioner	
APPROVED:	
TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION:	vær start i
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M.D. Goetz, Jr.	DATE
Commissioner	
COMPTROLLER OF TREASURY:	
COMPANDELLING MEDICINE	
John G. Morgan	DATE

Comptroller of Treasury

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State Age	ency:	Department of Finance and Administration					Division. Bureau of TennCare			
What he had been been been been been been been bee	. 野草鄉	_ ≜ Conti	actor	医中国基础对	的特別關係	<b>建空期限。提</b> 關	Contr	actor Iden	itification Numb	per many training and
Tennessee Behavioral Health, Inc.					V- C-	621621636 01				
The state of the s	蓝色的	Complete Children	<b>化制度测量的</b>	<b>为数据</b> 2.513.51	Service D	escription	2016年1月18日	[1]][1][2][1][2][4]	新加速機能。	<b>是种类等的物种的</b>
Service Description  Behavioral Health Services to Enrollees in the TennCare Partners Program in Tennessee East Grand Region										
ABACAL SANG	生物學	Contract E	Begin Date			The state of the s		Contrac	t End Date	4年发展的4000年8月
07/01/200	04					12/31/200	05	•		
Allotmen	t Code	Cost Cente	er 🥫 🖟 Obj	ect Code	Win WiFu	nd া 🐺	<b>Grant</b>	<b>"国际"</b>	Grant Code	Տubgrant Code <sub>։</sub>
318.66		133	134		11		X on STA	ARS		
FY	St	ate Funds	Federa	l Funds		artmental nds	Other	Funding		ntract Amount LL amendments)
2005	\$	61,204,800.00	\$112,2	216,708.00						\$173,421,508.00
2006	\$	30,602,400.00	\$56,1	08,354.00		-				\$86,710,754.00
										· · · ·
" Total:	\$	91,807,200.00	\$168,3	25,062.00	,					\$260,132,262.00
CFDA#	93.778	3				Check the box ONLY if the answer is YES:				
	Jakana da Maria da	State Fisc	al Contact			√ Is the	Contractor	a SUBRE	CIPIENT? (per	OMB A-133) - ×
Name:	£2	Daniel	OF TOTAL SECTION STATES AND SECTION OF	Control of the second second second	15 to 1 1 5 5 5 10 1 1 1 1 1 1 1 1 1 1 1 1 1	is the	Contractor	a VENDO	R? (per OMB A	133) 1 (2)
Address: Phone:	Nash	Church Street wille, TN				Is the Fiscal Year Funding STRICTLY LIMITED?				
Procuring Agency Budget Officer Approval Signature					<b>治疗部外需要性的</b>	Contractor	<b>地上沿山西湖市地</b>	<b>控制和通用的影響</b>		
	<b>河南西</b>				redistriction (1991) - 349)	がある。 で。 でる。 でる。 でる。 でる。 でる。 でる。 でる	。 [17] 李明明 李明章 [18] [19] 李明明 李明章 [18]	21、1000年代的1200年 400日時期120日日本	en and de les des de la les de La la	ASSESSED TALLED TALLED TO
1 Janual Ama () 8/1/06/					Is the Contractor's FORM W-9 ATTACHED?  Is the Contractors Form W-9 Filed with Accounts?					
					Funding Certification					
COMPLETE FOR ALL AMENDMENTS (only) / Base Contract & This Amendment					To the total of the control of the c	學。自由的特別的認識的問題	minda (A)	35.6.2.1.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		
		Prior Ame	and of the second testing of the		Y	Finance ar	nd Administrat	tion, do here	by certify that the	
END DATE.→					the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.					
FY:										
FY:									. •	
FY:							KAICEZ	es ineme	DAMAM	
FY:					OFFICE OF COMPTROLLS					
FY:					STATE SZ VW 10: 29					
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